

NOTICE

Important instructions for printing forms that you will be submitting to the TSP Service Office:

To print a form, select a form below by clicking on it. Select **File** from the menu at the top of your computer screen and then select **Print**. Once a dialog box appears, de-select (uncheck) the "**Shrink oversized pages to paper size.**" Then click **OK**.

(Adobe Acrobat shrinks an oversized PDF form to fit the page when it prints. TSP scanning equipment that is used to read the form cannot read this smaller image. This may delay the processing of your form because it requires that your form be processed manually. However, you can correct this problem by following this procedure.)

Print these forms on **white paper**. Colored paper may prevent forms from being processed properly, which may delay fulfilling your request.



THRIFT SAVINGS PLAN

CHANGE OF ADDRESS FOR SEPARATED PARTICIPANT

TSP-9

If you are no longer employed by the Federal Government, use this form to report a change in your address to the TSP Service Office. **Note:** Active employees can change their addresses for their TSP accounts **only** through their employing agencies; they should **not** submit this form.

You may also request a change of address through the TSP Web site, www.tsp.gov. You will need to enter your Social Security number and your TSP Personal Identification Number (PIN) to make this request on the Web site.

Type or print all information. Make a copy of this form for your records. Mail this form to:

**TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500**

Telephone number: (504) 255-8777
TDD: (504) 255-5113

Please note: If you also have a uniformed services TSP account, you must change your address separately for that account by completing Form TSP-U-9 (if you are separated from the uniformed services) or by contacting your service (if you are still employed by the uniformed services).

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. Social Security No. _____ - _____ - _____ 3. Date of Birth ____ / ____ / ____
mm dd yyyy
4. Daytime Phone (Area Code and Number) (_____) _____ - _____

II. YOUR NEW ADDRESS

5. Address _____
Street address or box number
6. City _____ 7. _____ 8. _____
State/Country Zip Code

III. YOUR SIGNATURE

9. _____ 10. _____
Participant's Signature Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your request to change your address. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement

agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to change your address for your TSP account.